



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number

10/695,976

Filing Date

October 28, 2003

First Named Inventor

Noe, Amanda

Art Unit

2188

Examiner Name

Walter, Craig E.

Attorney Docket Number

015114-064700US

ENCLOSURES (Check all that apply)

Fee Transmittal Form (1 p, in dup)



Fee Attached



Amendment/Reply (10 pp)



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Return Postcard

Certified Copy of Priority
Document(s)Reply to Missing Parts/ Incomplete
ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit
Account 20-1430.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

C. Bart Sullivan

Date

April 27, 2006

Reg. No.

41,516

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Rosario G. Ysip

Date

April 27, 2006



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200

Complete if Known	
Application Number	10/695,976
Filing Date	October 28, 2003
First Named Inventor	Noe, Amanda
Examiner Name	Walter, Craig E.
Art Unit	2188
Attorney Docket No.	015114-064700US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES					Small Entity	
<u>Fee Description</u>					<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
27	-20 or HP =	4	x \$50	= \$200	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
3	-3 or HP =	0	x \$200	= \$0		
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

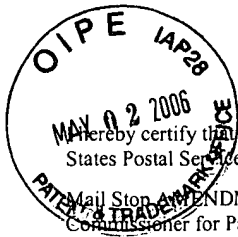
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	= _____	= _____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): _____	_____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	41,516
Name (Print/Type)	C. Bart Sullivan	Telephone	415-576-0200
		Date	April 27, 2006



Whereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 27, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

PATENT
Attorney Docket No.: 015114-064700US
Client Ref. No.: A842

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Amanda Noe

Application No.: 10/695,976

Filed: October 28, 2003

For: PATTERN DETECT AND BYTE
ALIGN CIRCUIT USING CAM

Customer No.: 26059

Confirmation No. 8004

Examiner: Walter, Craig E.

Technology Center/Art Unit: 2188

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 27, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

05/03/2006 HDESTA1 00000015 201430 10695976

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